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CONFIRMATION NO. 4987

<b>SERIAL NUMBER</b> 10/668,831	<b>FILING OR 371(c) DATE</b> 09/22/2003 <b>RULE</b>	<b>CLASS</b> 029	<b>GROUP ART UNIT</b> 3729	<b>ATTORNEY DOCKET NO.</b> 2099/US
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None*  
*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

12/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance <input type="checkbox"/>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
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## ADDRESS

29693

## TITLE

Method for manufacturing medical device having embedded traces and formed electrodes

<b>FILING FEE RECEIVED</b> 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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